

August 12, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-03-1451-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Occupational Medicine. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ report of 10/10/02 states that \_\_\_ is a 40-year-old gentleman with intermittent problems with numbness in his hand and forearm. The symptoms have been developing over the past three or four months, but had gotten worse over the previous three to four days.

This patient was treated with steroid injections, had electrodiagnostic studies of the upper extremities, and was treated with hand therapy. He underwent surgeries on 5/23/03 and 6/17/03. The operative note dated 5/22/03 shows that the postoperative diagnoses were left carpal tunnel syndrome and left ulnar abutment syndrome. The operative procedures were left carpal tunnel release, injection of the distal radioulnar joint with steroid, and injection of the torn triangular fibrocartilage with steroids. The operative report of 6/17/03 shows the postoperative diagnosis to be advanced right carpal tunnel with a right trigger thumb and mild osteoarthritis of the distal ulna plus a rather significant flexor tenosynovitis. The operation performed was a right carpal tunnel release, right trigger thumb release, and injection of the distal radioulnar joint with steroids.

A review of \_\_\_ notes shows that he recommended a one-month trial of a neuromuscular stimulator. The 7/18/03 report shows that \_\_\_ states that this patient had made significant improvement with the pain and swelling. He still has some mild tenderness, primarily from

residual carpal tunnel syndrome, and has ulnar abatement syndrome. HE is having problems with the right long finger and the right thumb.

#### REQUESTED SERVICE

The purchase of an interferential muscle stimulator is requested for this patient.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Review of the medical records show that \_\_\_ ordered a one month trial of the neuromuscular stimulator on 2/5/03. At that time, \_\_\_ was having significant trouble with his diagnoses. However, he then underwent surgeries on 5/23/03 and 6/17/03. According to \_\_\_ note of 7/18/03, he made significant improvement after the surgeries.

Therefore, because the patient's treatment for his injury was surgery, which he had done and which offered him relief, there is no need for the purchase of the interferential muscle stimulator.

Furthermore, the reviewer agrees with the previous denial as given by the physician reviewer for \_\_\_, that being that there is inadequate data from controlled clinical trials to validate the efficacy of this device for treatment of chronic pain.

Therefore, based on the above information, the reviewer finds that there is no rationale for the medical necessity for the proposed purchase of the interferential muscle stimulator.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

#### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 12<sup>th</sup> day of August 2003.**